

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2022
Mailing Address PO Box 1051		Amount 37500.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media placement	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2022
Name of Federal Candidate Garza, Mauro, Everett, ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2022
Mailing Address PO Box 1051		Amount 37500.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2022
Name of Federal Candidate De La Cruz, Monica, ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2022

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee 936 Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2022
Mailing Address 1050 Johnnie Dodds Blvd Unite 2414		Amount 1000.00
City Mount Pleasant	State SC	Zip Code 29465
Purpose of Expenditure Media production	Category/ Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2022
Name of Federal Candidate Garza, Mauro, Everett, ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee 936 Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2022
Mailing Address 1050 Johnnie Dodds Blvd Unite 2414		Amount 1000.00
City Mount Pleasant	State SC	Zip Code 29465
Purpose of Expenditure Media production	Category/ Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 02 / 17 / 2022
Name of Federal Candidate De La Cruz, Monica, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	77000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2022

Signature